

Mental Health Commission
Meeting Minutes

October 16, 2009

Lompoc, CA

Commission Members Present

Louis Weider, 1st District
John Mudie, 3rd District Alternate
Ann Eldridge, 4th District Alternate
Charles Huffines, 5th District

James Rohde, 3rd District
Margie Lopez, 5th District
Belinda Zola, 2nd District

Commission Members Absent

Roger Thompson, 3rd District
Michelle Brenner, 3rd District
Jan Winter, 1st District Alternate
Teresa Menchaca, 5th District Alternate

Chhitu Patel, 4th District
Lisa Morinini, 4th District
Manny Casas, 1st District

ADMHS Staff

Ann Detrick, Ph.D., Director
Refugio Rodriguez, MHSA Program Manager
Jeffery Davis, D.O., Lompoc Adult Clinic
Philip Piro, Ph.D., Lompoc Children's Clinic
Marcia Carstensen, Assistant

Guests

No guests signed the attendance sheet.

WELCOME & INTRODUCTIONS –

Chair Margie Lopez called the meeting to order at 2:00 p.m., welcomed all and self-introductions took place.

APPROVAL OF MINUTES- Approval of minutes of July 17, 2009, September 18, 2009, and September 29, 2009 was tabled to the November 20, 2009 meeting due to a lack of quorum.

PUBLIC COMMENT-

Patrick Bergin asked if there was a conflict of interest for Roger Thompson to serve on the Consumer Advocacy Coalition and the Mental Health Commission. It was determined there is no conflict of interest as Mr. Thompson stated at the July 17, 2009 Commission meeting that when attending Mental Health Commission meetings or events, he is acting as a Commissioner.

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PRESENTATIONS-

Dr. Jeffery Davis – Lompoc Adult Psychiatrist

Dr. Davis reported that Lompoc Adult Clinic has a team of eight staff with four staff who are bilingual Spanish. One staff member is an Alcohol/Drug Program Specialist. The assessment tool is helpful in that it verifies what is already known from intake. The staff do what it takes to get the job done. The pilot prescription program being tested at Lompoc Adult is working very well. When accessed the system bring for any prescriptions need providing communication with the psychiatric technician. The clipboard feature for the system informs clinic staff when refills are due. The electronic prescribing system is a big plus for the staff.

Dr. Davis said the staff conducts groups, treatment plans are reviewed at least once ay year, and an electronic system tracks this for staff. Family members are encouraged to attend sessions with clients.

Lompoc Adult Clinic practices the Department's procedure for grievances and forms are available on request. There is also a form to request a change of provider.

The Clinic's Level of Care rating averages Level 3 with a caseload of 400 total clients. Dr. Davis stated the Clinic staff are excellent people with practice good teamwork.

A question was asked when clients will have access to the system to see what they are taking. Marianne Garrity replied that this is being developed through the Department's Information Technology Division and MHSA. Peer support staff provides direct support, sets appointments, fills out forms, and translates for staff. Ms. Garrity stated she is gathering information from other counties on Qualified Mental Health Workers actually billing for services. ADMHS is looking at the Peer Support billing codes.

Philip Piro, Ph.D., Lompoc Children's Services Team Supervisor

Dr. Piro reported that children's services have a variety of funding sources which allows staff to provide comprehensive services. The clinic has 2 monolingual clients and 30 bilingual clients. The staff includes 4 bilingual staff and five non-bilingual staff. The SPIRIT Program has 2 staff members who are bilingual and the Transition Age Youth program (TAY) has one bilingual staff member. The Calocus System identifies the level of care for children. The Lompoc Clinic Levels of Care statistics are: Level 0 = 7 clients; Level 1 = 6 clients; Level 2 = 26 clients; Level 3 = 70 clients; and Level 4 = 7 clients.

DIRECTOR'S REPORT- Ann Detrick, Ph.D.

In response to a request by the Commission, Ann Detrick reviewed a draft of the Mental Health Services Act process:

1. Mental Health Commission meets to hear an overview of ADMHS' proposed plan before ADMHS posts the plan for 30-day public review – November 20, 2009

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2. ADMHS posts the plan on its website for 30 days, as required by the State – December 11, 2009
3. Public/constituents submit questions and comments to ADMHS during the 30-day period – January 11, 2010
4. At the end of the 30 day period, ADMHS forwards to Mental Health Commissioners all public comments and Questions and Answers – January 15, 2010
5. Mental Health Commission holds public hearing to hear comments on the plan – January 22, 2009
6. Mental Health Commission holds separate meeting after the public hearing vote on the plan – January 29, 2010

This process permits the Commissioners an opportunity to have full information in order to make an informed decision on any MHSA proposed plan.

COMMISSION BUSINESS-

- A. Committee/Liaison Reports –
In the interest of time, the following reports were tabled to the November 20, 2009 Commission meeting:
 1. Casa Esperanza – Jim Rohde
 2. UCSB Student Services Report – Roger Thompson
 3. Jail Services – Ann Eldridge
 4. Jim Rohde presented a draft resolution from Doreen Farr, Third District Supervisor to develop a task force regarding violence against the homeless. The draft resolution is attached to these minutes. There was a consensus by those in attendance to support the concept.
- B. Acknowledgment of Louise Jansen, LCSW, service to Santa Barbara County.
A letter will be drafted acknowledging Ms. Jansen's ten years of service to ADMHS and the County.
- C. John Mudie, Consumer Subcommittee chair reported the first meeting was held with 16 to 20 people consisting of consumers, family members, and interested parties. Tasks were assigned. The group is interested in developing a website. Ground rules for meeting structure were reviewed along with requirements of the Welfare & Institutions Code governing mental health commissions and committees. The group will meet once a month with a location to be determined.

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- D. Marianne Garrity reviewed the ADMHS Recurring Performance Measures the Department reports to the County Executive Officer. A copy of the information is attached to these minutes. The period reported is FY 07-08 to FY 09-10 and covers Adult Program Administration; Quality Care & Compliance; Adult Housing & Intensive Support; Children's Program Administration; Santa Barbara Children's Services; Lompoc Children's Services; Santa Maria Children's Services; and Mental Health Services Act. The figures shown in the report are per month.

OTHER

- A. The following items were tabled to the November 20, 2009 meeting:
1. Change of Day and Time for Commission Meetings-
Margie Lopez (action required) – *5 minutes*
 2. Number of Commission Meetings Per Year –
Margie Lopez – (action required) – *5 minutes*

ADJOURNMENT – The meeting adjourned at 4:20 p.m.

Marcia Carstensen
Mental Health Commission Assistant

**DRAFT
TASK FORCE RESOLUTION**

Each year more than 6,300 people experience homelessness within Santa Barbara County. On any given night, over 4,000 people are homeless. The 2009 Point in Time Count of the Homeless Population in Santa Barbara County reports an approximate increase of 17% of homeless individuals since 2007. Local shelters and services for the homeless are regularly at capacity levels. The homeless are spread throughout the entire County with 48% found on the South Coast, 38% identified in Santa Maria, and 12% located in Lompoc. Demographic information shows that the face of homelessness is very diverse: 38% are homeless families, 48% are single males, 13% single females, and the percentage of youth identified as homeless totals 13%.

As of October 1, 2009 there have been 25 confirmed deaths within the homeless community. Death among the homeless is all too familiar, but recent numbers suggest an increased vulnerability among the population that has yet to be explained. In general homeless populations are particularly vulnerable to crime and violence, and homeless individuals are regularly the targets of vicious crimes. We know that not all homeless deaths are due to violent acts, but in the absence of quantifiable data regarding violence against the homeless, solutions to helping this vulnerable population remain elusive. During the past year the 25 known deaths have mainly been chronicled by one individual social worker whose compassion for naming and keeping count of the dead is the only reason that we, as a community, are aware of these deaths.

It is ostensible that some criminal acts perpetrated against the homeless are due to their vulnerability, but another more insidious prevalence are acts of violence motivated by the perpetrators' disdain and disrespect for the individual because they are homeless. In 1998, the Board of Supervisors proclaimed that Hate Is Not A Family Value, and affirmed the worth and sanctity of each individual life by rejecting violence perpetrated based upon perceived differences. We forward this current resolution as an opportunity to renew our commitment to diversity and to include violence against the homeless as an act we will not tolerate. It is imperative to identify local patterns, determine acts based on discrimination, and stop this violence from continuing. We aim to increase public awareness and promote a better understanding of the plight of homelessness through community outreach and education. In addition, we must have more succinct tracking and analysis of crimes against the homeless, in coordination with law enforcement, health care professionals, and homeless service providers, in order to strengthen prevention and prosecution efforts under existing laws.

WE, THEREFORE, MOVE that the Board:

- 1)
Establish an interdisciplinary Task Force focused on Violence Against the Homeless that includes representatives from Alcohol & Drug Advisory Board, Commission for Women, Human Services Commission, Mental Health Commission, regional Homeless Advisory Committees, and community stakeholders to maximize countywide opportunities for collaboration;

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2)

Establish a database to track violent crime targeting the homeless, and include such occurrences in an annual report, in order to identify patterns in location, times, type of crime, and motivation, and notify law enforcement and community members of such trends;

3)

Include in all related crime trainings conducted for law enforcement professionals information on investigating whether a crime against a homeless person is motivated by discriminatory attitudes or bias against a disability, including mental or physical disabilities, and to track such crimes;

4)

Request the Sheriff and District Attorney, as well as city prosecutors Countywide to track and report all crimes against the homeless, so as to be able to determine whether anti-homeless crime and violence is becoming more or less frequent, what types of crimes they are, and where they are taking place in order to assist efforts to develop strategies and actions to prevent and reduce such crime;

5)

Explore opportunities to integrate the issues of prejudice and violence against the homeless into existing tolerance, anti-drug and alcohol, and anti-violence youth programs to promote a greater understanding of how people become homeless, and to humanize the challenges of homelessness to counter the lack of respect and compassion;

6)

Report back in 90 days.

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ALCOHOL, DRUG & MENTAL HEALTH SERVICES
Recurring Performance Measures

	Actual FY 07-08	Adopted FY 08-09	Est. Actual FY 08-09	Recommended FY 09-10
Adult Program Administration Provide mental health services to adults with serious mental illness.	4,954	5,000	5,123	5,300
Quality Care & Compliance To improve the mental health of community members, provide prompt assessment, supervision, oversight, and referral to 100% of the 1,400 community members per year who arrive at North County CARES for mental health and/or substance abuse services. Note: Low FY 08-09 adopted estimation is due to new programming with unknown client need.	1,105	800	1,410	1,400
To improve the mental health of community members, provide prompt assessment, supervision, oversight, and referral to 100% of the 2,500 community members per year who arrive at South County CARES for mental health and/or substance abuse services. Note: Low FY 08-09 adopted estimation is due to new programming with unknown client need.	2,388	1,500	2,528	2,500
Adult Housing & Intensive Support To redirect the high cost of institutional care to community-based crisis resources, decrease the average number of State hospital bed-days utilized by adult clients by 3% from 124 to 120 per month.	122	170	124	120
To redirect high cost of institutional care to community-based crisis resources, decrease the average number of the Institute for Mentally Diseased (IMD) the bed-days utilized by adult clients by 5% from 430 to 408 per month.	506	408	448	408
Children Program Administration Provide mental health services to youth with emotional disturbances and their families (clients served).	2,610	2,500	2,665	2,665
Santa Barbara Children's Services To ensure timely mental health intervention at SB-Children's Clinic, provide the first clinical contact to 100% of an estimated 100 new clients annually within 10 business days of initial contact.	99% 100 100	100% 74 74	100% 74 74	100% 100 100
Santa Maria Children's Services To ensure timely mental health intervention at the Santa Maria Children's Clinic, provide the first clinical contact to 100% of an estimated 170 new clients, within 10 days of mental health inquiry.	92% 92 100	86% 146 168	86% 146 168	100% 170 170

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	Actual FY 07-08	Adopted FY 08-09	Est. Actual FY 08-09	Recommended FY 09-10
<p>Mental Health Services Act</p> <p>Increase the social, emotional and life skill functioning of adults (26-59 years) as demonstrated by a reduction of psychiatric hospital admissions of adult clients in MHSA Act Programs by 4% from 18% to 14%.</p> <p>Increase the resiliency and social-emotional development of transitional age youth (16-25 years), as demonstrated by a reduction psychiatric hospitalizations admissions of transitional age youth clients in MHSA ACT Programs by 3%, from 14% to 11%.</p> <p>Provide 24-7 countywide CARES Mobile Crisis services to person needing mental health and addiction emergency services</p>	909	909	942	960
<p>Adult Acute Care</p> <p>To provide cost effective services and help mentally ill individuals to live quality lives in the community, decrease the number of non Psychiatric Health Facility acute psychiatric hospital bed days by 5% from an estimated 150 to 142 per month.</p>	59% 148 150	94% 237 250	60% 150 250	94% 142 150